CERTIFICATE OF SOLE OWNERSHIP OF A BUSINESS

In accordance with § 59.1-69 of the *Code of Virginia*, 1950, as amended, I hereby certify that I am conducting business in the Commonwealth of Virginia under an assumed or fictitious name as follows:

Business Name:	
Business Address:	
(Ci	ity, State & Zip)
Owner Name (Please Print)	Owner Signature (Please Sign)
Owner's Residence Address:	
	(City, State & Zip)
Owner's Post Office Address: (if different from above)	
	(City, State & Zip)
	OFFICE USE ONLY
Commonwealth/State of	
City/County of	
Subscribed and sworn to/affirmed before me	e on this date by the above-named person(s).
Date	□CLERK □DEPUTY CLERK □ NOTARY PUBLIC My Commission Expires:
VIRGINIA:	Notary Registration Number:
	the County of Chesterfield, theday of,
	admitted to record ato'clockM.
	y L. Worthington, Clerk
By:	, Deputy Clerk